



AFRICAN COMMUNITIES PUBLIC HEALTH COALITION

**AFRICAN AMERICAN MENTAL HEALTH
CONFERENCE**

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PRESENTATION IN COORDINATION WITH
COUNTY OF LOS ANGELES, DEPARTMENT OF MENTAL
HEALTH



The Spark



- ❑ People in cultures that have a collectivist orientation tend to attribute the cause of mental illness to something outside of themselves — it is the responsibility of forces beyond their control.
- ❑ For most African immigrant communities in the United States, stigma and lack of knowledge about physical and mental health and resources have contributed to limited access and poor utilization of appropriate physical and mental health services
- ❑ There are social stigmas and taboos attached to mental illness.
- ❑ There may be a lack of interest or sense of urgency.



AFRICAN COMMUNITIES PUBLIC HEALTH COALITION

“Empowering Africans to Improve the Community Health & Wellness”

ACPHC MISSION IS “TO IMPROVE PERSONAL AND COMMUNITY HEALTH AND WELLNESS WITHIN THE AFRICAN COMMUNITY.; INCREASING THE AVAILABILITY OF CULTURALLY-RELEVANT PHYSICAL AND MENTAL HEALTH SERVICES; PROVIDING EDUCATION TO REDUCE THE STIGMA OF PHYSICAL AND MENTAL ILLNESS AMONG AFRICAN PEOPLE; AND FACILITATING SOCIAL JUSTICE THROUGH ADVOCACY”

Demographics of Native Africans in the United States (Data Narrative Cont.)



- ❑ There were 1.4 million foreign born from Africa residing in the United States in 2007
- ❑ African immigrants made up 3.7 percent of all immigrants in 2007
- ❑ The top countries of origin for African immigrants were Nigeria, Egypt, and Ethiopia
- ❑ Over half of all African immigrants reside in New York, California, Texas, Maryland, Virginia, New Jersey, and Massachusetts

Demographics of Native Africans in the United States (Data Narrative Cont.)



Estimated Number of Ethiopians in the U.S.

According to Aaron Matteo Terrazas, "if the descendants of Ethiopian-born migrants (the second generation and up) are included, the estimates range upwards of 460,000 in the United States (of which approximately 350,000 are in Washington, DC; **96,000** in Los Angeles; and 10,000 in New York)."



Terrazas, Aaron (June 2007). "Beyond Regional Circularity: The Emergence of an Ethiopian Diaspora". Migration Information Source. Migration Policy Institute.

Community Engagement



- ❑ There is a perception of a wide gap between the African communities and the “traditional “ mental health services
- ❑ Many of the immigrants found that the stress of day to day living have negative consequences for the health status , including mental health.
- ❑ The development and dissemination of mental health resources information must be creative, sustained efforts that acknowledge current cultural reality and utilizes culturally respected strategies and representatives.
- ❑ Culturally competent resources and staff are perceived to be important, yet systematically in short supply.

Village Healing Ways (VHW) model



Practice Description

The VHW focuses on Afro-centric, culturally competent leadership development and advocacy, to find new solutions to prevent and reduce persistent health disparities and improve health outcomes of the African immigrants by building social belonging, cohesion and trust.

The goal of Village Healing Ways (VHW) is to empower community members to be more aware, have a greater understanding of and be responsive to issues that before may arise and during times of physical and emotional need for support.

Village Healing Ways (VHW) model (Cont.)



Intended Outcomes

- ❑ Clarifying and strengthening cultural identity.
- ❑ Building social belonging, cohesion and trust among community members.
- ❑ Creating a sense of community ownership and strengthen community's protective factors as effective emotional support providers.
- ❑ Enhancing the knowledge and understanding about mental and physical health, to reducing the mental health and illness stigma for African communities.

Village Healing Ways (VHW) model(Cont.)



How?

By launching an exponential training of Community Advocates (CAs) to function as mental health trainers, agents of change, and bridges between LACDMH and the Community.

Village Healing Ways (VHW) model(Cont.)



Core Practice Components

- ☐ Community Needs Assessment
- ☐ Community Advocacy and Training
- ☐ Develop Culturally and Linguistically Competent Curriculum on Mental Health and Illness
- ☐ Community Advocate (CA) Training
- ☐ Community Outreach and Engagement
- ☐ Community Education Workshops
- ☐ Case Management

Tracking and Impact Evaluation

- ❑ Log In Forms
- ❑ CA Community Outreach/Activity Forms
- ❑ Pre/Post Tests
- ❑ Evaluator Interviews
- ❑ Collect data on CA referrals to service providers



Activities



- ❑ Community Workshops

- ❑ Community Toolkits:

- ❑ Los Angeles County Mental Health Resources/Service Providers
- ❑ Bilingual Mental Health Disorders Brochures: Amharic and English



- ❑ CA Culturally and Linguistically Competent Curriculum

- ❑ CA Community Outreach Activities Log-In

- ❑ Presentation in community settings (ex/ church, coffee shops, home etc...)

Village Healing Ways : Evidence of Effectiveness



Interviewees were able to identify things that people can do to support mental wellness

- ❑ “Suicide hotline. My ___ was talking about suicide. I called ___ and s/he advised me to talk to ___, understand, and call number for help. We were able to get help ___ started therapy”

- ❑ “Usually in our community a quiet kid is a nice kid, but it is not always like that. The information was helpful – to help identify mental health symptoms”

Village Healing Ways : Evidence of Effectiveness (Cont.)



- ❑ 81% felt **MUCH MORE COMFORTABLE** in talking about mental health
- ❑ 44% felt **MUCH MORE COMFORTABLE**, and 50% felt **MORE COMFORTABLE** in identifying a mental problem
- ❑ 69% felt **MUCH MORE COMFORTABLE**, 19% felt **MORE COMFORTABLE** concerning knowing where to go for mental health services

Village Healing Ways : Evidence of Effectiveness (Cont.)



Key Points of the Practice



- ❑ Different approach from existing practice ; delivers preventions through mental health outreach and education .
- ❑ Hands-on involvement of community leaders from the community chosen; Reduce risk factors such as social isolation, disconnectedness, and build trust and promote resilience.

What Works



- ❑ Promote local ownership and decision-making about a health issue.
- ❑ Create public presence and pressure on public officials to take action.
- ❑ Facilitate communications that are more effective Restore, build, and maintain trust in affected populations.
- ❑ Encourage participation of community members to build community capacity to address mental health issues.

Overall Impact



- ❑ An increase in Project credibility
- ❑ Utilized mental health expertise that existed within the community – setting a precedent of culturally and linguistically appropriate mental health education
- ❑ Developed strong community interest and trust
- ❑ Empowered other African communities in Los Angeles county
- ❑ Mobilized key influential African community leaders
- ❑ Built a strong collaborative relationship with LACDMH
- ❑ Encouraged the development of culturally competent mental health education, outreach, and service!



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Thank You!